

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/26/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 97530, 97032, and 97035 on date of service 08/07/02.

II. FINDINGS

EOBs were not submitted by either party, therefore the service will be reviewed per the 1996 Medical Fee Guideline.

III. RATIONALE

- CPT code 97110. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The S.O.A.P note submitted for this date of service does not document the severity of the injury to warrant one to one supervision Per the MFG Medicine Ground Rule I (9)(b). Reimbursement is not recommended.
- CPT code 97530. Office notes for these dates support the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$70.00 (\$35.00 x 2 units) is recommended.
- CPT code 97032. Office notes for these dates support the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$22.00 is recommended.
- CPT code 97035. Office notes for these dates support the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$22.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$114.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$114.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc